

REASON		GRADE  N/A	Inspection Date: 3/31/17		ESTABLISHMENT NAME: URMENETA, ROSALINA A.	
Regular	✓		Time In/Out:		OWNER/OPERATOR: URMENETA, ROSALINA A.	
Follow-Up			10:30am / 10:55am		LOCATION: DEDEDO	
Complaint			Sanitary Permit No.: 20000-160000586		Establishment Type: FOCH	
Investigation		RATING  N/A	PERMIT STATUS: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Temporary <input type="checkbox"/> Expired			
Other:			Child Care License: No.: <u>N/A</u> / / Valid / / Provisional / / Expired			
No. of Children: <u>1</u> Male <u>2</u> Female <u>3</u> Total						

The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal a written request for hearing must be submitted before the indicated correction date.

I have read and understand the above violation(s) and I am aware of the corrective measures to be taken.

**\*Note: When any of the following items are cited above, they shall be corrected within 10 days of this inspection:**

Received By (Name & Title):

DEH Inspector (Name &amp; Title):